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164

It appears at once that the incidence of yaws, malaria, helminthiasis and ulcers is higher amongst the Kikuyu, while, on the other hand, the occurrence of chronic constipation and arthritis is more frequent amongst the Masai. Pulmonary disease appears to be somewhat more frequent amongst the Kikuyu, especially in the in-patients.

It is obvious, however, that hospital statistics cannot truly represent the general incidence of disease in a native tribe. For this reason an attempt was made by the field worker to estimate the proportions of the diseases encountered most frequently in the course of his survey. Altogether, about 12,000 natives of both tribes were seen. Of those who attended for medical treatment, a large number in both tribes required dental extractions, and many were cases of local injury and conjunctivitis. Conjunctivitis is very common amongst the Kikuyu, especially the women, and less common amongst the Masai. The following table indicates approximately the incidence of the most common diseases in the two tribes (as percentages of the total number of cases of these diseases encountered in each tribe) :—

|                           | Kikuyu. | Masai. |
|---------------------------|---------|--------|
| Bronchitis .. .. .        | 28      | 4      |
| Pneumonia .. .. .         | 3       | —      |
| Tuberculosis .. .. .      | 6       | 1      |
| Ulcers .. .. .            | 33      | 3      |
| Malaria .. .. .           | 18      | 2      |
| Gonorrhœa .. .. .         | 1       | 8      |
| Intestinal stasis .. .. . | 4       | 45     |
| Arthritis .. .. .         | 2       | 35     |
| Helminthiasis .. .. .     | 5       | 2      |

With the exception of pulmonary conditions, this estimate is in good agreement with the hospital data. As regards pulmonary disease, the field worker's estimate is 37 per cent. for the Kikuyu and 5 per cent. for the Masai, while the hospital statistics (calculated on the same basis) show 34 per cent. in Kikuyu and 27 per cent. in Masai. Different possible explanations might be offered for the high figure from the Masai hospital. We have already noted that 20 per cent. of the patients at this hospital are not Masai. The figure for pulmonary disease might possibly be altered to some extent by exclusion of natives other than Masai. Again, we have no information as to possible dietary and environmental differences between Masai living in the neighbourhood of Narok as compared with the more remote parts of the Reserve. In this connection it is of interest to note that Masai prisoners in Nairobi Gaol appear to be particularly susceptible to pulmonary infections (Ann. Med. Rep. Kenya, 1923). It might be thought that their susceptibility is increased by the drastic change in diet and environment to which they are subjected in gaol. It is obvious, in any case, from this observation, that the Masai have

M  
184  
697